Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

| vision, Department, or Reg | | | | Date Stamp | California 802 |
|---|---|--|---|---|---|
| vision, Department, or Reg | | | | | |
| | 1 M | City of Fresno | | | |
| | Division, Department, or Region (If Applicable) | | | | For Official Use Only |
| acilities Management Divis | sion | | | | |
| Designated Agency Contact (Name, Title) | | | | | |
| Robin O'Mallley, Facilities Management Manager | | | | | |
| | | | | Amendment (Must pr | rovide explanation in Part 3.) |
| 59-621-1224 | FacilitiesMgmt@fresno.gov | | , | Date of Original Filing:(Month, Day, Year) | |
| unction or Event Infor | mation | Here's and the second second | | | |
| | | | Face Value o | f Each Ticket/Pass \$ | 31.34 |
| Event Description Fresno Grizzlies Baseball Skybox | | | | , 24 , 17 | /// |
| | Provide Title/Exp | lanation | | | |
| Ticket(s)/Pass(es) provided by agency? | | Yes 🔲 No 🛛 | If no: Fresno Baseball, LLC | | - |
| Was ticket distribution made at the behest No Y | | | If yes: O'Malley, Robin Facilities Manager | | |
| | | | | | |
| AND THE REPORT OF THE CONTRACT OF THE REPORT OF THE | y's department or | unit. • Use Sectio | n B to identify an individu | al. • Use Section C to ident | ify an outside organization. |
| A. Name of Agency, Department or Unit | | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy | | |
| oppur Hills E | Flem. | 12 | School- | mide trices | TIVE / REWAR |
| Name of Individua | al | Number of | | Identify one of the followi | |
| B. Name of Individua (Last, First) | | Pass(es) | | Identity one of the followi | ng: |
| | | | | | |
| | | | Ceremonial Role | Other | Income |
| | | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | ea Code/Phone Number 59-621-1224 Unction or Event Information the agency have a ticker ent Description Fresno Gr cket(s)/Pass(es) provided b as ticket distribution made as f agency official? Ecipients Ise Section A to identify the agence Name of Agency, Department Mame of Individua (Last, First) Name of Outside Organ | ea Code/Phone Number E-mail 59-621-1224 FacilitiesMg unction or Event Information bes the agency have a ticket policy? ent Description Fresno Grizzlies Baseb Provide Title/Exp cket(s)/Pass(es) provided by agency? as ticket distribution made at the behest f agency official? ecipients Ise Section A to identify the agency's department or Name of Agency, Department or Unit Mame of Individual | ea Code/Phone Number E-mail i9-621-1224 FacilitiesMgmt@fresno.gov unction or Event Information bes the agency have a ticket policy? Yes IN No I ent Description Fresno Grizzlies Baseball Skybox Provide Title/Explanation Sket(s)/Pass(es) provided by agency? Yes INO I as ticket distribution made at the behest No I Yes I No I Yes I as ticket distribution made at the behest No I Yes I Section A to identify the agency's department or unit. • Use Section Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Mame of Individual Number of Ticket(s)/ Pass(es) Name of Individual Number of Ticket(s)/ Pass(es) Name of Outside Organization Number of Ticket(s)/ Pass(es) | ea Code/Phone Number ig-621-1224 E-mail FacilitiesMgmt@fresno.gov unction or Event Information nees the agency have a ticket policy? Yes INO INTERSTICTION Provide Title/Explanation Face Value of Date(s) ent Description Fresno Grizzlies Baseball Skybox Provide Title/Explanation Date(s) cket(s)/Pass(es) provided by agency? Yes INO INTERSTICTION fagency official? If no: Fresno If yes: O'Mail f agency official? ecipients lse Section A to identify the agency's department or unit. • Use Section B to identify an individual Ticket(s)/ Pass(es) Mame of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the pub OCeremonial Role If checking "Ceremonial Ceremonial Role If checking "Ceremonial ficket(s)/ Pass(es) Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role If checking "Ceremonial ficket(s)/ Pass(es) | ea Code/Phone Number E-mail Date of Original Filing: ig-621-1224 Facilities/Mgmt@fresno.gov Date of Original Filing: unction or Event Information est the agency have a ticket policy? Yes IN O Face Value of Each Ticket/Pass \$ |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Print Name

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Signature of Agency Head or Designee

JECK

6 (Month, Day, Year)

Comment: _

MACI,